

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#10/A  
LS  
1/6/04

Applicant(s): **Lemley, B.**

Group Art Unit: **2686**

Application Serial No.: **09/853,126**

Examiner: **DANIEL JR., W. J.**

Filed: **May 9, 2001**

**RECEIVED**

Title: **Integral Navigation Keys For A  
Mobile Handset**

**DEC 22 2003**

**Technology Center 2600**

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the Office Action dated October 24, 2003, in the above-referenced patent application. Please enter the following amendments and consider the following remarks.

**Change to the Attorney Docket No.** is specified on page 2 of this paper.

**Amendments to the Abstract** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

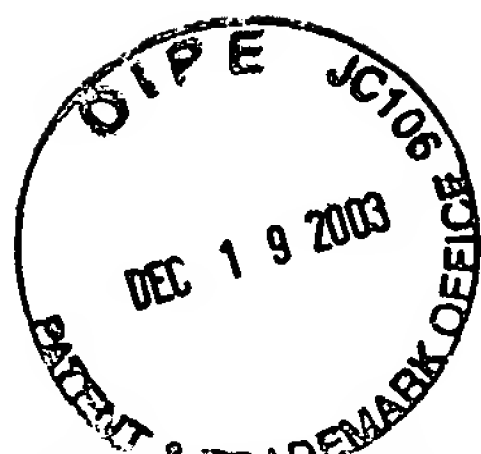
**Remarks** begin on page 9 of this paper.

An **Appendix**, entitled "**Exhibit A**" including a copy of "Invention Disclosure" is attached following page 12 of this paper.

**In the Attorney Docket No.:**

Please replace the old Attorney Docket No. "31255-1002" with new Attorney Docket No.

--UTL 00047--.

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Lemley, B.SERIAL NO.: 09/853,126 FILED: May 9, 2001FOR: Integral Navigation Keys For A Mobile Handset**RECEIVED**HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS  
P.O. Box 1450, Alexandria, VA 22313-1450

DEC 22 2003

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Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION-FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ \_\_\_\_\_

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	15	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ \_\_\_\_\_

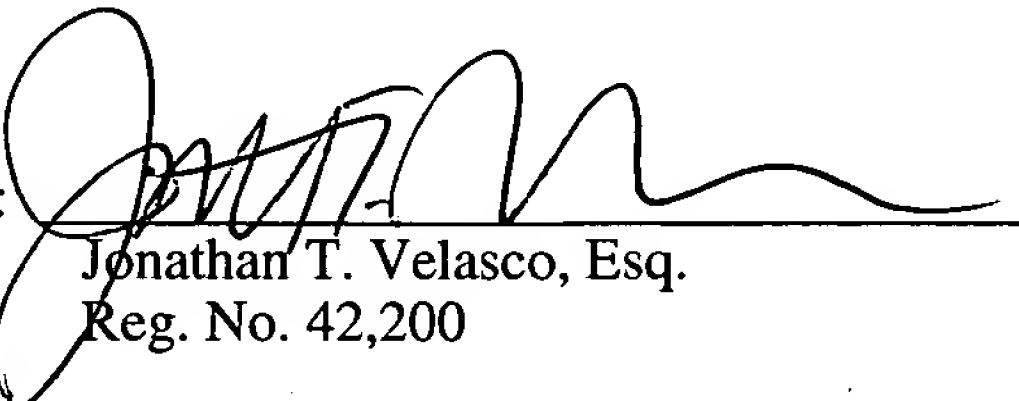
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_
- ☐ Enclosed is the total fee of \$ \_\_\_\_\_ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_
- ☐ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

Date: 12/16/03

By:   
Jonathan T. Velasco, Esq.  
Reg. No. 42,200


Jonathan T. Velasco, Esq.  
Kyocera Wireless Corp.  
10300 Campus Point Drive  
San Diego, California 92121  
Tel: (858) 882-3501  
Fax: (858) 882-3650

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date of Deposit: 12/16/03

Jonathan Velasco  
Name of Person Mailing Paper and/or Fee

  
Signature